

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7506	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/17/2010
NAME OF PROVIDER OR SUPPLIER NORTHSIDE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 EAST MTCS ROAD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	<p>1200-8-6-.08(1) Building Standards</p> <p>(1) The nursing home must be constructed, arranged and maintained to ensure the safety of the resident.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain the physical environment.</p> <p>The findings include:</p> <p>1. Observation of residents' room 315 on 8/17/10, at 5:55 p.m., revealed the ceiling tile located above the window had mold and water damage. Tennessee department of Health (TDOH) 1200-8-6-.08(1)</p> <p>2. Observation of the conference room on 8/17/10, at 5:59 p.m., revealed the ceiling tile located above the room door had mold and water damage. TDOH 1200-8-6-.08(1)</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 8/17/10.</p>	N 831	<p>N 831</p> <p><u>Description</u></p> <p>12008-6.08(1) Building Standards</p> <p>The facility failed to maintain the physical environment.</p> <p><u>Corrective Action</u></p> <p>1.a. The ceiling tile in room 315 was replaced by the maintenance supervisor on 8/19/10. b. The ceiling tile in the conference room was replaced by the maintenance supervisor on 8/19/10. 2. The maintenance supervisor made facility rounds on 8/19/10 to ensure that ceiling tiles did not contain water or mold spots. 3. The administrator in-serviced the maintenance supervisor on 8/19/10 on maintaining the physical environment of the facility. 4. The maintenance supervisor will monitor for compliance during daily facility rounds and will report findings to the Committee consisting of Medical Director, Administrator, DON, ADON, MDS Coordinator, Risk Management, Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Environmental Services.</p>	8/19/10	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0009

CZRG21

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